STATEMEN	of Health Service Re it of DEFICIENCIES of CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: (CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		FCL074039	B. WING		03/05/2015
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE	
CLEMMI	E'S FAMILY CARE HO	ME 4271 HIGH AYDEN, N		-	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMBNT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETE
C 000	Survey on March 5, 11:00am and conciderecords indicate the June 1, 1973 as a Fambulatory Resider home was granted to six ambulatory R and respond without assistance during a Based on this information to maintain or the 1971 "Minimum Regulations (Adult) capacity of 2-5)" and the 2005 "Rules 10. Homes", and the 20 Building Code - Sec Homes. At the time of our vi	section conducted a Biennial 2015. The survey began at uded at 12:15pm. DHSR home was first licensed on Family Care Home for five hts. On March 28, 2011 the a capacity increase from five esidents (able to evacuate it any physical or verbal fire or other emergency), mation we are requiring the ompliance with the following: and Desired Standards and Family Care Homes (With a d the applicable portions of A NCAC 13G for Family Care 109 North Carolina State otton 421.2 -Residential Care sit, we cited deficiencies that ole plan of correction. They are	C 000	CONSTRUCTION SI APR 14 20 RECEIVE	15 ; \
C 117	SECTION .0300 - T 10A NCAC 13G .03 CONSTRUCTION (n) The home shal fire and building saf		C 117		
		t as evidenced by: TON INSPECTIONS			/
XVISION OF HE ABORATORY	eith Service Regulation DIRECTOR'S OR PROVIDE	ERVSUPPLIER REPRESENTATIVE'S SIGN	ATURE	TITLE	(XII) DATE
TATE FORM	y Vin	× 4	13-1 EV	<u>5</u>	If continuation aheet 1 of 5

Divisio	n of Health Service Re	gulation			FORM	APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULT	IPLE CONSTRUCTION		(X3) DATE SURVEY	
	TO COMPENSA	DENTIFICATION NOMBER	A. BUILDIN	kg: 01	COM	PLETED
		FCL074039	B. WING _		03/5	05/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY	Y, STATE, ZIP CODE		5012010
CLEMM	IE'S FAMILY CARE HO	ME	H STREET			
		AYDEN, N	VC 28513			
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CORRECTIVE (BACH CORRECTIVE ACTION SHOUL CHOSS-REFERENCED TO THE APPROVIDENCY)	LD BE COMPLETE	
C 117	Continued From pag	ge 1	C 117			
C 174	inspections for fire a these inspections ha provide to our office most recent (2013 o inspection reports. I been completed, the them and have them days from the date of	that the facility has had no nd sanitation since 2007. If we been completed, please copies of the facility's the r 2014) fire and sanitation f these inspections have not provider must schedule completed within thirty (30) f the report.	C 174			
	(a) The building and mechanical, and plur care home shall be n operating condition.	HE BUILDING TO BUILDING SERVICE If all fire safety, electrical, inbing equipment in a family naintained in a safe and inply to new and existing				
10000	away from the wall. (technician to secure t	OOM k countertop has pulled				
	peeling away at the liq qualified technician to and repaint to match to documentation to our	repair that section of ceiling the existing. Provide office when completed.				
		et handle that operates the d on the stem. Contact a make the necessary				

,	Divisio	n of Health Service R	egulation			FORM	MAPPROVED	
STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A BUILDING 01			(X3) DATE SURVEY COMPLETED	
			FG! 074000	B. WNC				
ŀ	NAME O	ME OF PROVIDER OR SUPPLIER STREET AND				03/	05/2015	
ĺ		IE'S FAMILY CARE HO	40-4		TY. STATE, ZIP CODE T			
L			AYDEN, N	C 28513				
	(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
	C 174	Continued From page	ge 2	C 174				
		repairs to the shower faucet handle or replace the faucet handle. Provide documentation to our office when completed. 4) Along the wall beside the toilet, there is an open area that appears to be the floor vent that is covered with a pieces of floor tile. There is no vent grille installed. Contact a qualified technician to install a vent grille. Provide documentation to our office when completed. 5) In the tub, the installed hand grip is loose. Contact a qualified technician to tighten the hand grip. Provide documentation to our office when completed.						
							1.000	
		sections of damaged technician to remove and replace with new	tile. Contact a qualified the damaged sections of tile ones. Provide office when completed.					
	And the second of the second o	stack, the textured ce and some sections ar qualified technician to approve stain blocker	ve the water heater vent iling appears to be stained e peeling away. Contact a treat the ceiling with an and repair the peeling comentation to our office					
		spongy in front of the a qualified technician covering, the subfloor	washer and dryer. Contact to remove the existing floor and replace the damage imentation to our office					
		4) The light fixture in that a globe. Have a	he laundry room did not globe installed. Provide					

FORM APPROVED

Division	of Health Service R	egulation			FORM	APPROVED	
	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DPLAN OF CORRECTION (IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING 01			(X3) DATE SURVEY COMPLETED	
				w =-			
		FCL074039	B. WNG		03/0	5/2015	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
CLEMM	IE'S FAMILY CARE HO	OME AYDEN, N	I STREET C 28513				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROX DEFICIENCY)	D BE	(X8) COMPLETE DATE	
C 174	Continued From pa	ge 3	C 174				
	documentation to or	ur office when completed.					
	directly above the re buckled and extend qualified technician section of ceiling an	ceiling has a large crack esidents ' dining table that has s from wall to wall. Contact a to remove the damage d repair as necessary. ion to our office when					
The state of the s	damaged steps are together by a couple support anyone that Contact a qualified to damaged steps or re	re damaged at the top. The loose and are being held of screws that appear not to has to access the attic area. echnician to repair the eplace the entire attic access mentation to our office when			The second secon		
	bathroom, the rear w position when opene technician to make the window or replace the	om to the left of the full vindow will not stay in the up d. Contact a qualified ne necessary repairs to the					
100	the window that faces in the up position who qualified technician to repairs to the window	the right of the attic access, is the open field will not stay en opened. Contact a o make the necessary or replace the window, on to our office when					
1		hood filters are extremely eplaced. Contact a qualified					

Division	of Health Service Re	egulation					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED			
		FCL074039	B. WNG		03/05/2015		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	DRESS, CITY, STATE, ZIP CODE .			
		4771 HIGS					
CLEMMI	E'S FAMILY CARE HO	AYDEN, N	C 28513				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION			
PREFIX		MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP			
				DEFICIENCY)			
C 174	Continued From pag	ne 4	C 174				
		·		P + 90 1	an Maria		
		new filters or replace the imentation to our office when		Reguesting 10 00	ug 1520-19		
	completed.			Completi and al	14		
				Requesting 90 d	¥		
	OUTSIDE REAR 1) Contact someone	e to clean the rear yard of all		the deficiences, a	1110		
		ris. Provide documentation to					
j	our office when com	pleted.		to the fenance	<i>s</i>) : (<i>k</i>		
1				and bridge	.		
				difficulty at the	D		
				To Carry and	1		
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